



Washington State
Department
of Social
& Health
Services

System Transformation Initiative

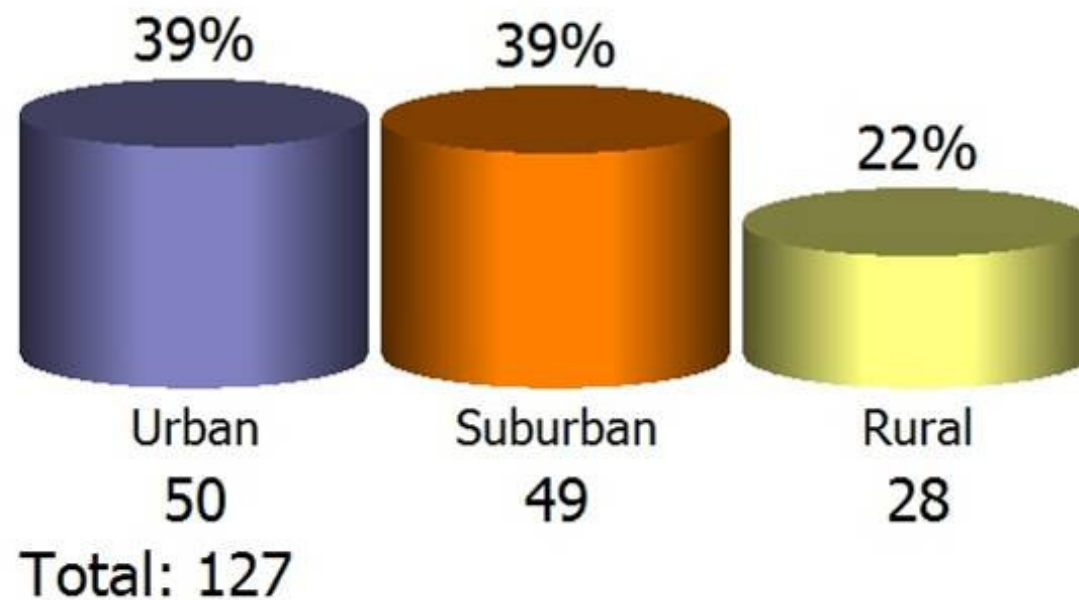
Spring 2007 Forum

May 15, 2007

Audience Response Results

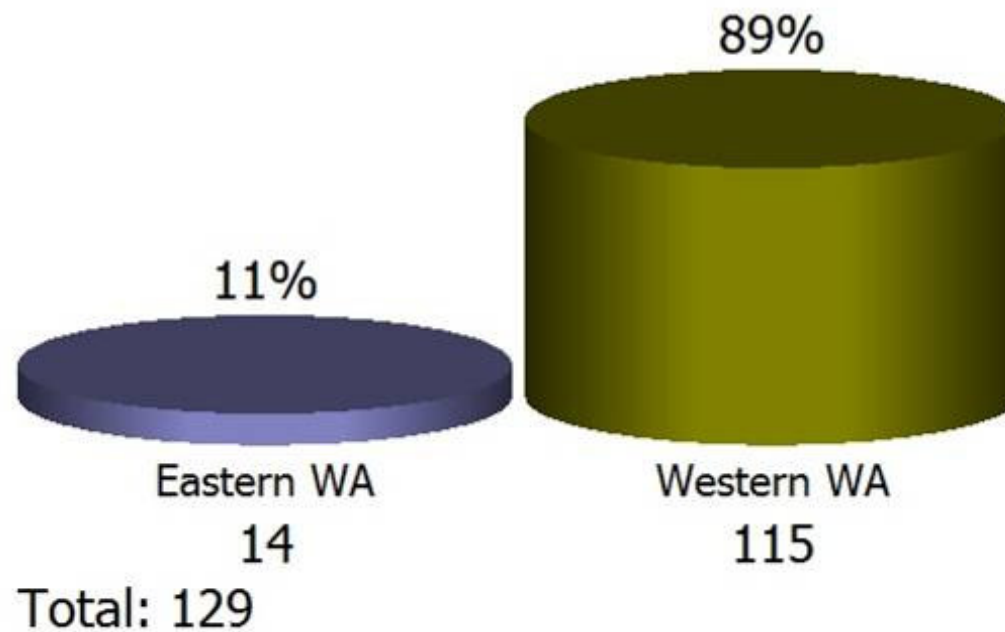
Demographics

How would you describe the community you represent?



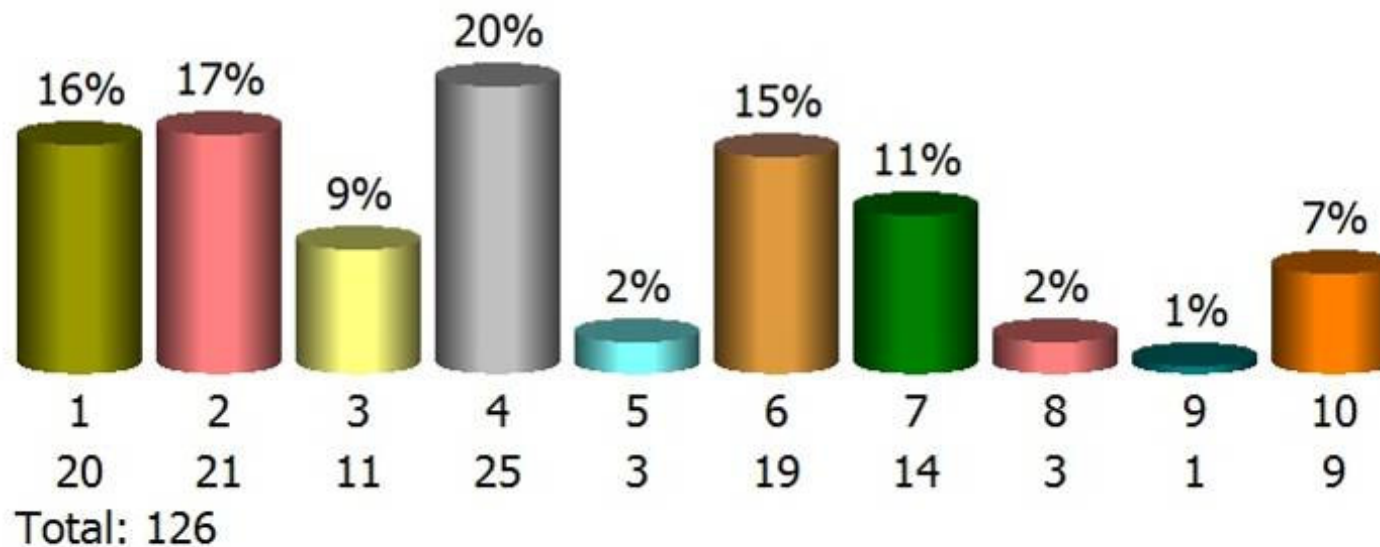
Are you from

1. Eastern Washington
2. Western Washington



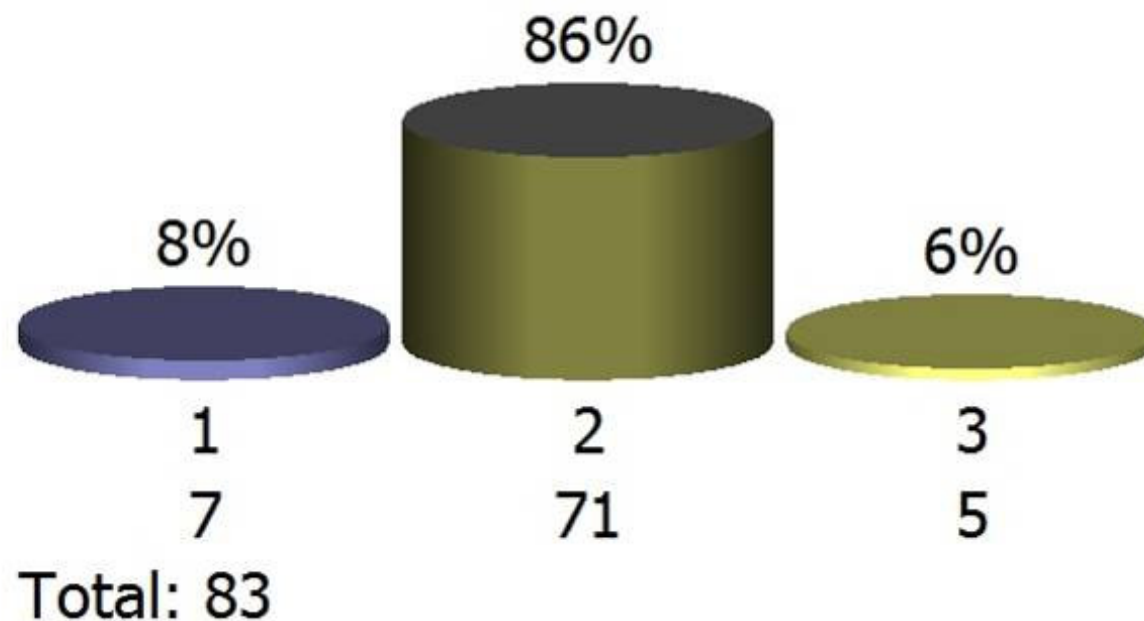
What is your primary representation here today?

1. Consumer of Mental Health Services
2. Family member/Parent/Caregiver
3. Regional Support Network (RSN)
4. Mental Health Provider/Agency
5. Provider from Other System
6. DSHS Staff
7. Other State/County/City Gov't Staff
8. LawEnnforcement /Defenders / Prosecutors
9. Legislative Staff
10. Other



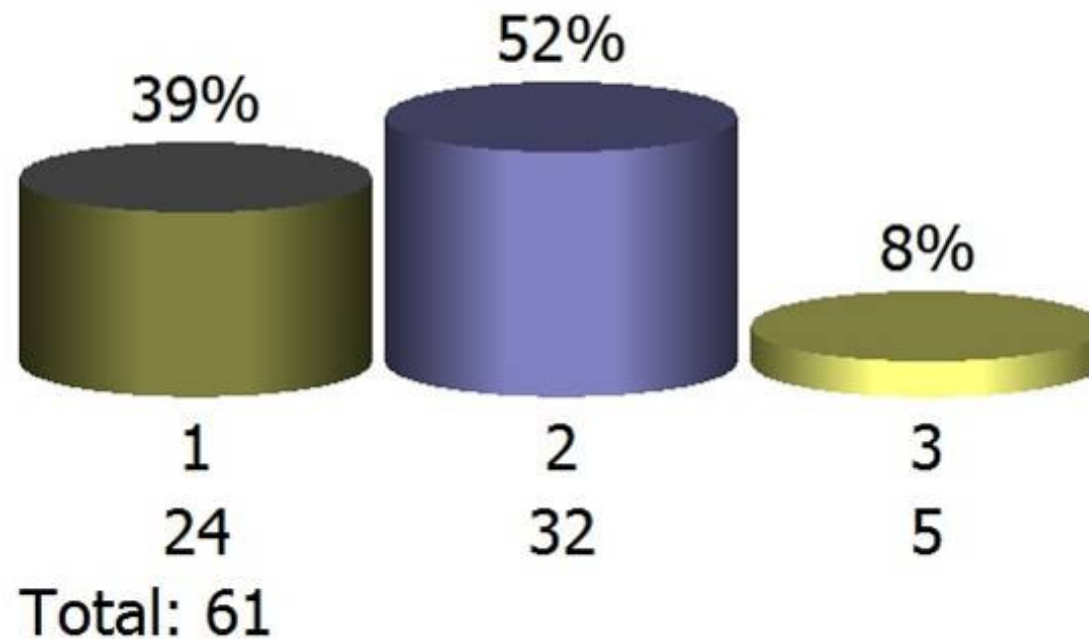
Have you ever been a consumer of mental health services?
If yes, which would best describe you:

1. Consumer under the age of 21
2. Adult consumer ages 21 to 59
3. Adult consumer age 60 or older



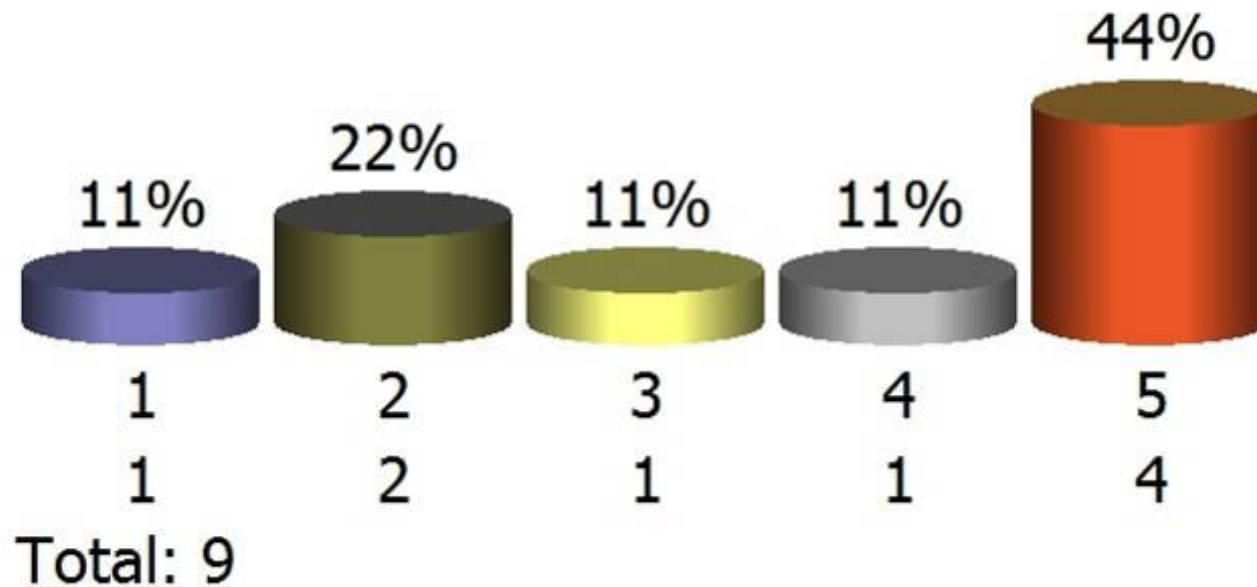
Are you a family member or caregiver of a consumer of mental health services? If yes, which would best describe you:

1. Family member or caregiver of consumer under age 21
2. Family member or caregiver of consumer 21 to 59
3. Family member or caregiver of consumer 60 or older



If your primary representation involves the law, are you with:

1. The Police or other Law enforcement
2. Courts
3. Prosecutors
4. Defense Attorneys
5. Prisons and Jails



ITA Results

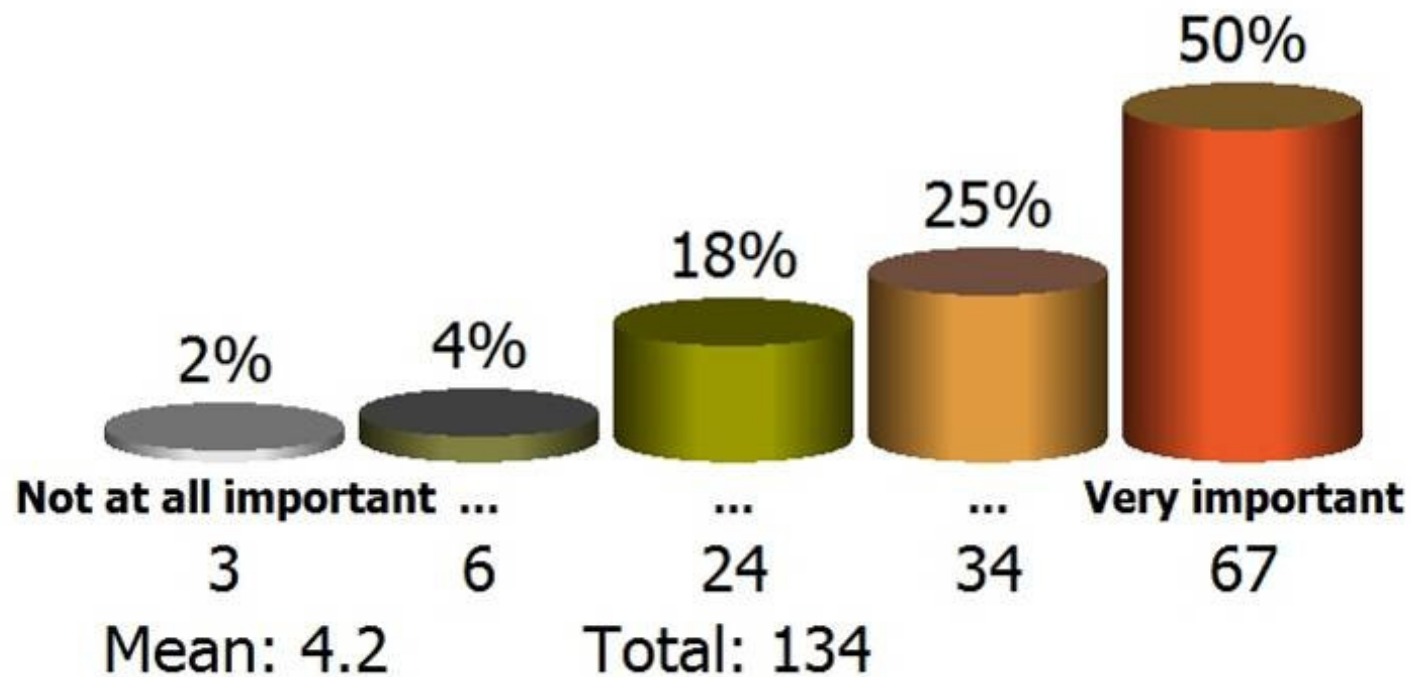
Jenifer Urff

Involuntary treatment laws serve many important and sometimes competing policy objectives.

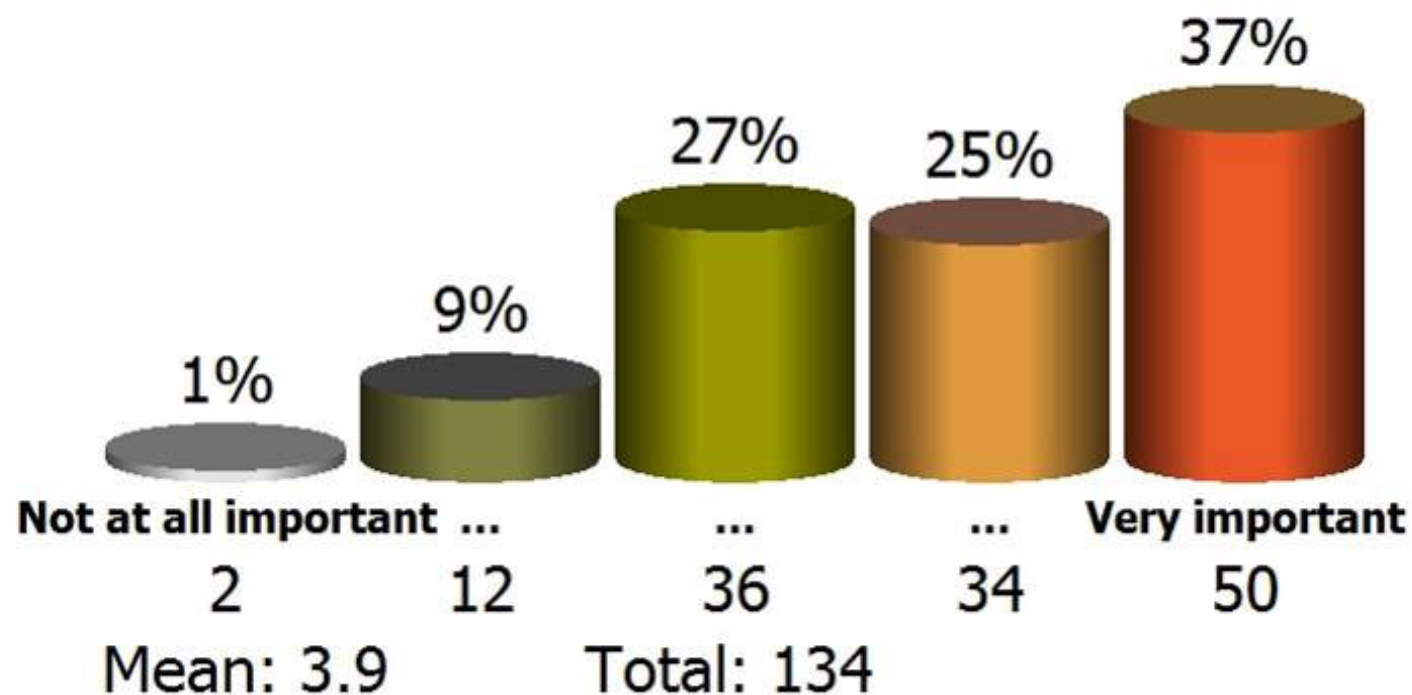
Please indicate the relative importance you would assign to each of the following policy objectives should guide potential reforms of Washington's involuntary treatment laws:

- Ensuring public safety
- Protecting individual civil liberties
- Ensuring that individuals receive mental health treatment that they need
- Diverting individuals from the criminal justice system and homelessness
- Ensuring that parents can access needed mental health services for children and adolescents

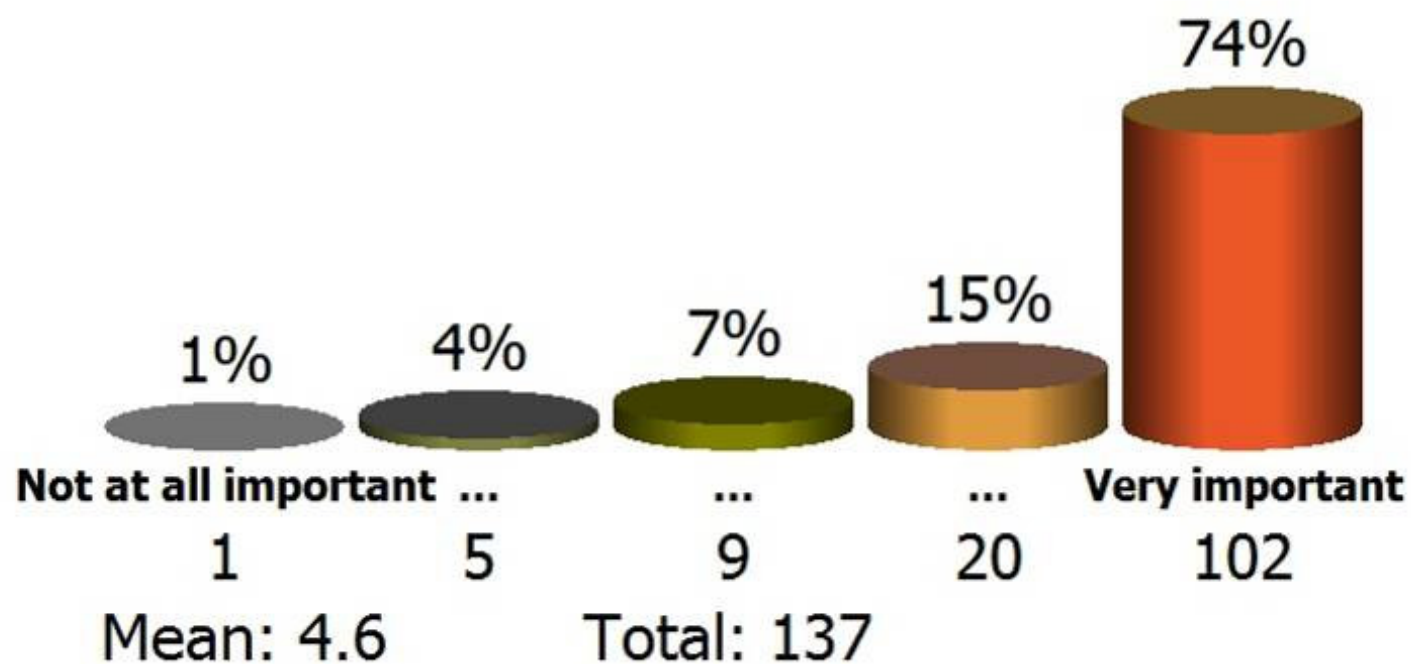
Ensuring public safety.



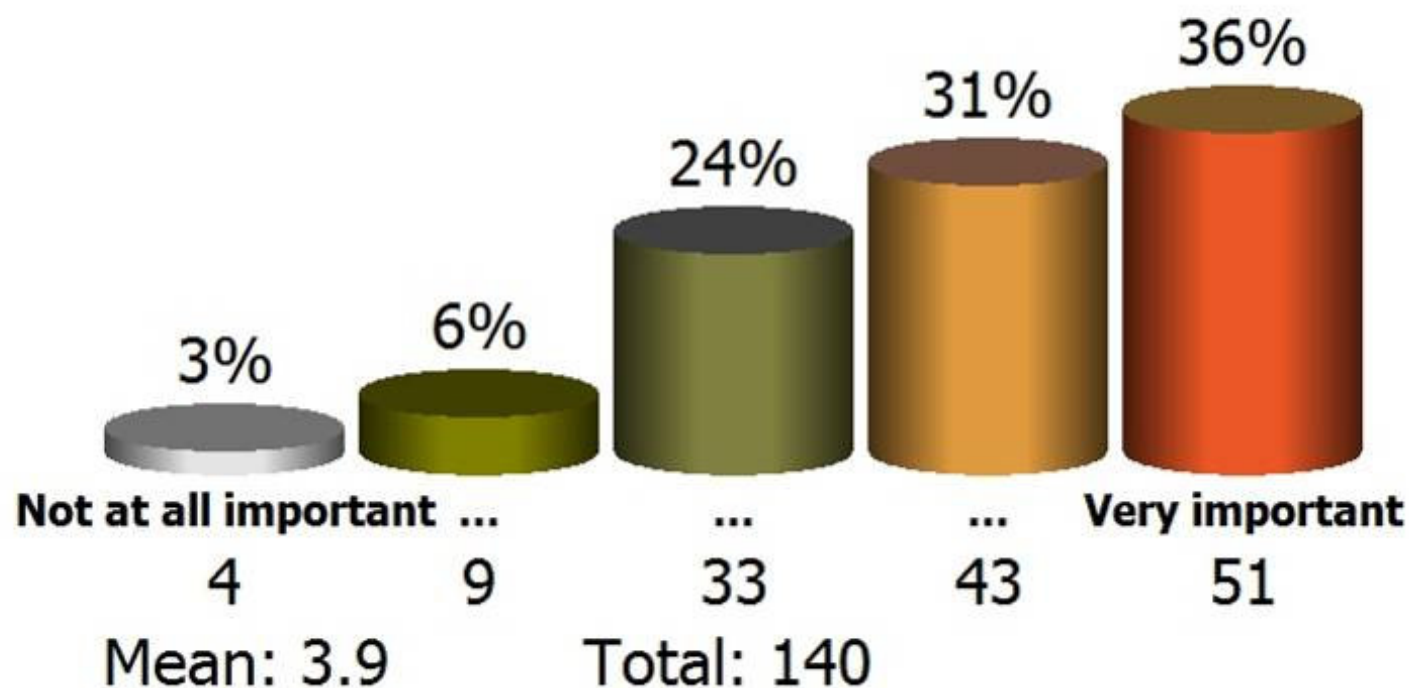
Protecting individual civil liberties



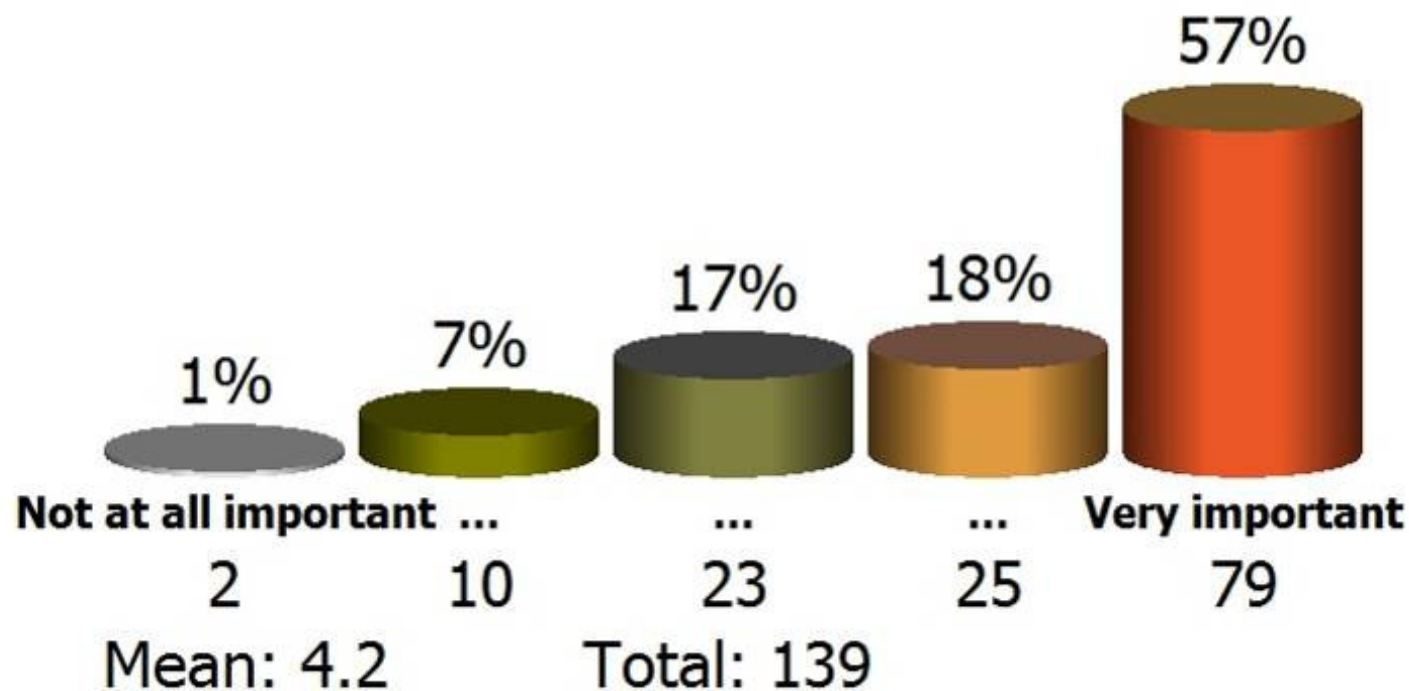
Ensuring that individuals receive mental health treatment that they need



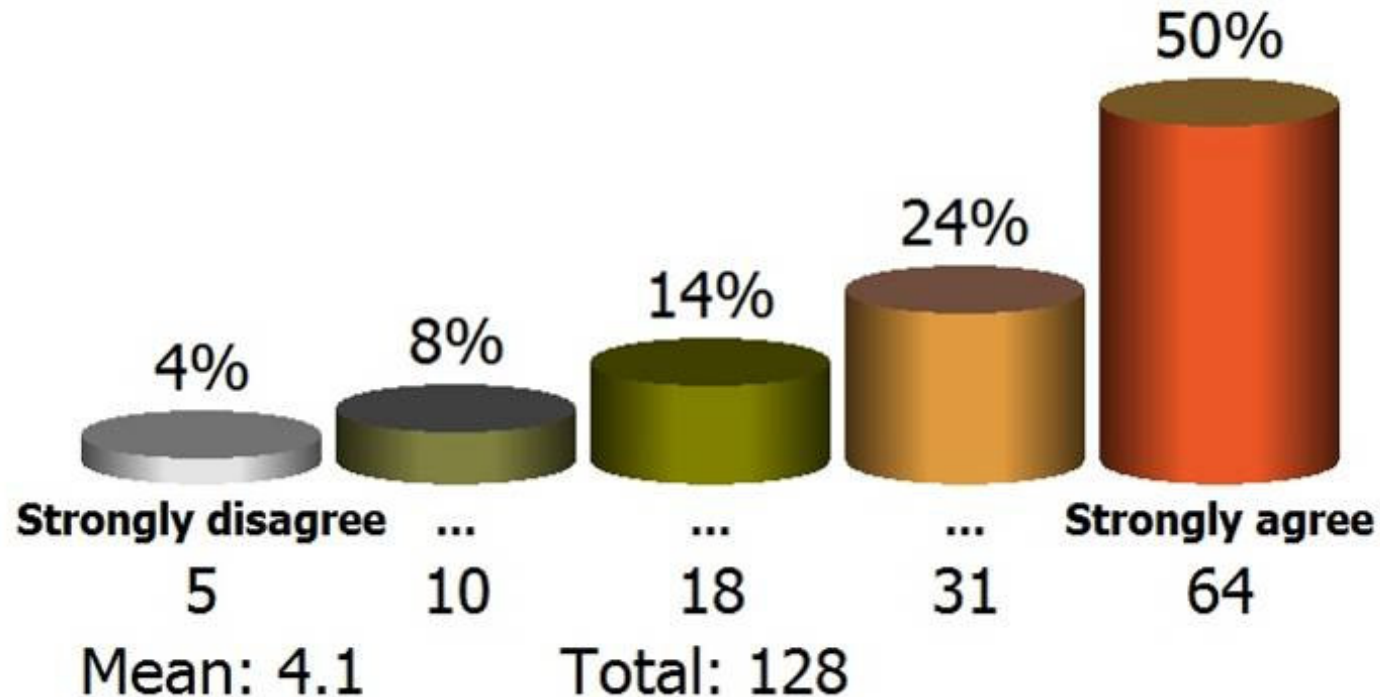
Diverting individuals from the criminal justice system and homelessness



**Ensuring that parents can access
needed mental health services for
children and adolescents**

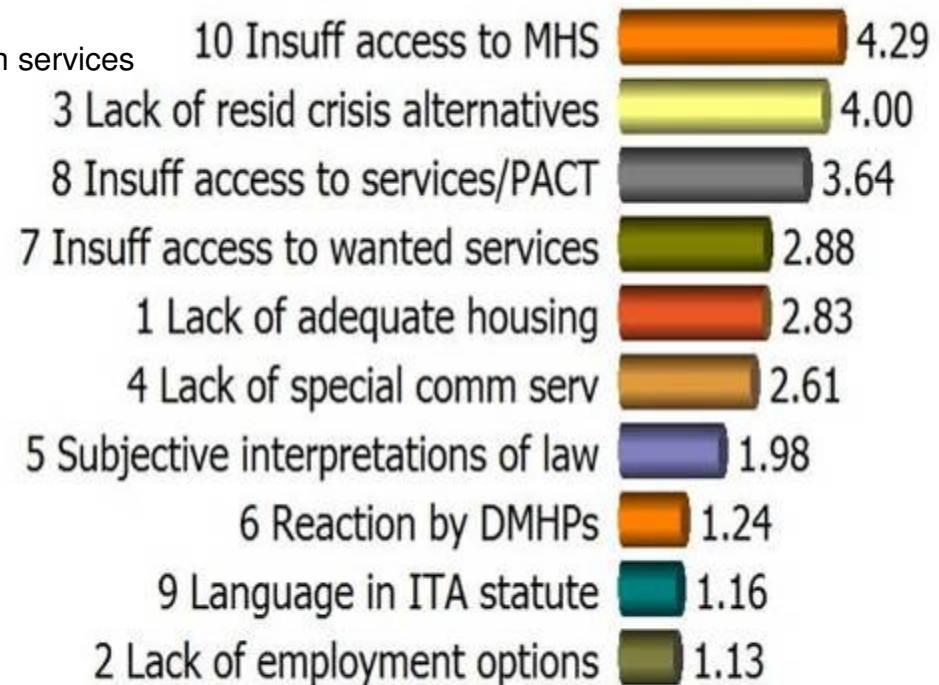


The use of civil commitment in Washington State too often reflects a lack of sufficient appropriate, recovery-oriented community services, and developing these services would lead to an overall decline in the need for civil commitment.



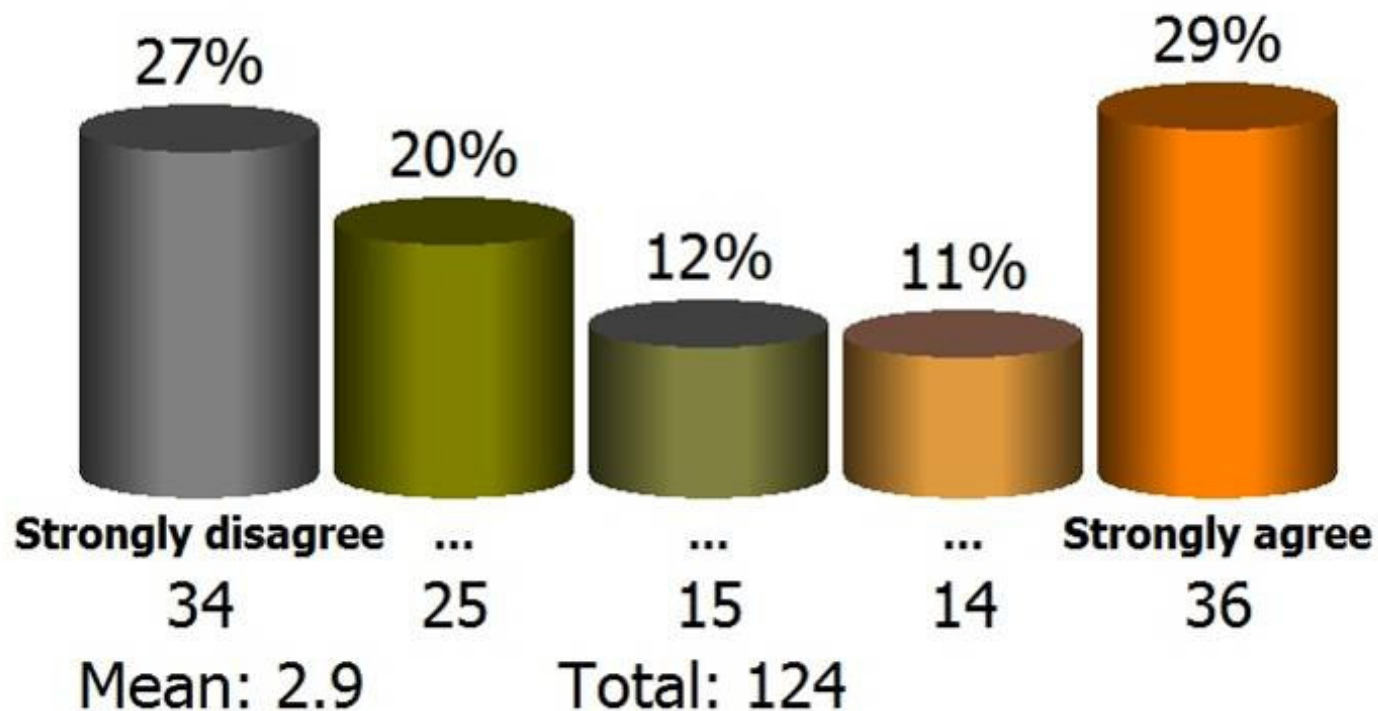
Please identify and rank the three factors that you think most affect the use of civil commitment in Washington State

1. Lack of adequate housing and other community residential options
2. Lack of employment options for people with mental illnesses
3. Lack of residential crisis alternatives in the community
4. Lack of specialized community services for special populations
5. Subjective interpretations of the law by Designated Mental Health Professionals (DMHPs)
6. Reaction by DMHPs and courts to high-profile incidents involving people with mental illnesses & violence
7. Insufficient access to community mental health services that consumers really want
8. Insufficient access to services, such as PACT teams, that are specifically designed to serve people who experience the most serious symptoms of mental illness and who have not benefited from traditional approaches to treatment
9. Actual language used in the ITA statute
10. Insufficient access to community mental health services

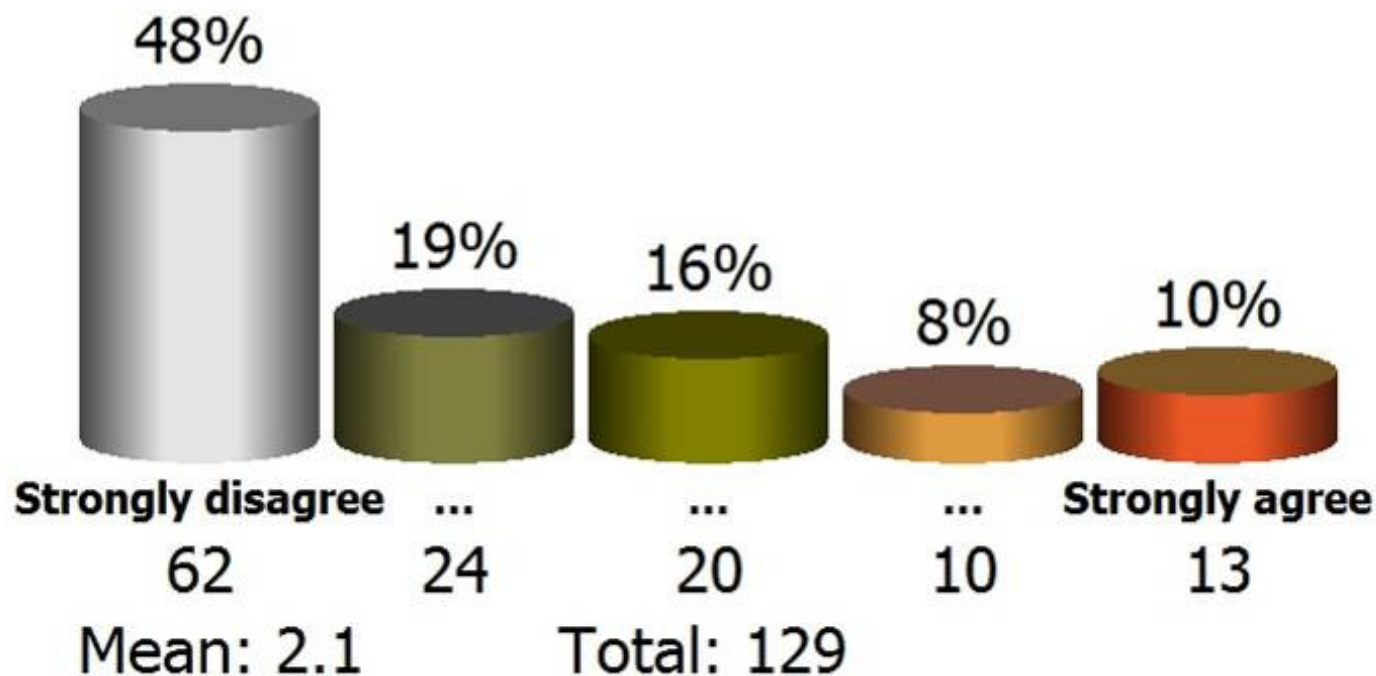


Affect Civil Commitment Use

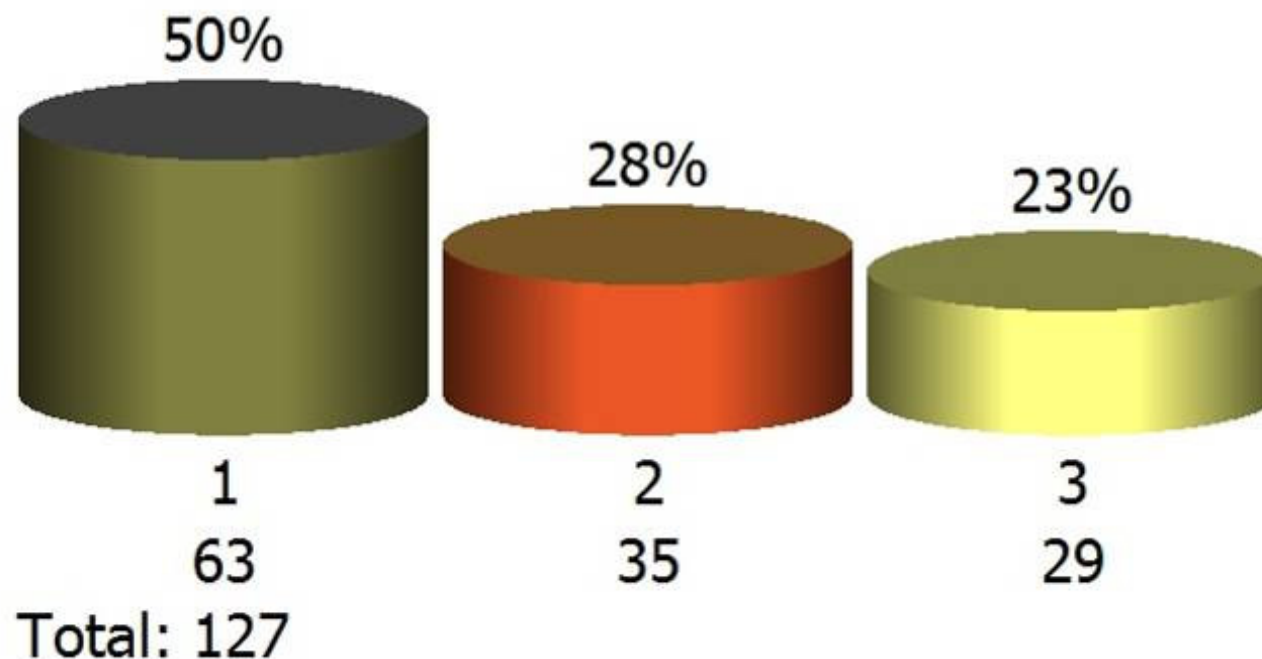
The definition of “mental disorder” in Washington State is too broad, resulting in detention and civil commitment of people who are not best served in an inpatient psychiatric setting.



In my opinion, the definition of “gravely disabled” in Washington State is too broad, resulting in the over-use of civil commitment and inpatient services.

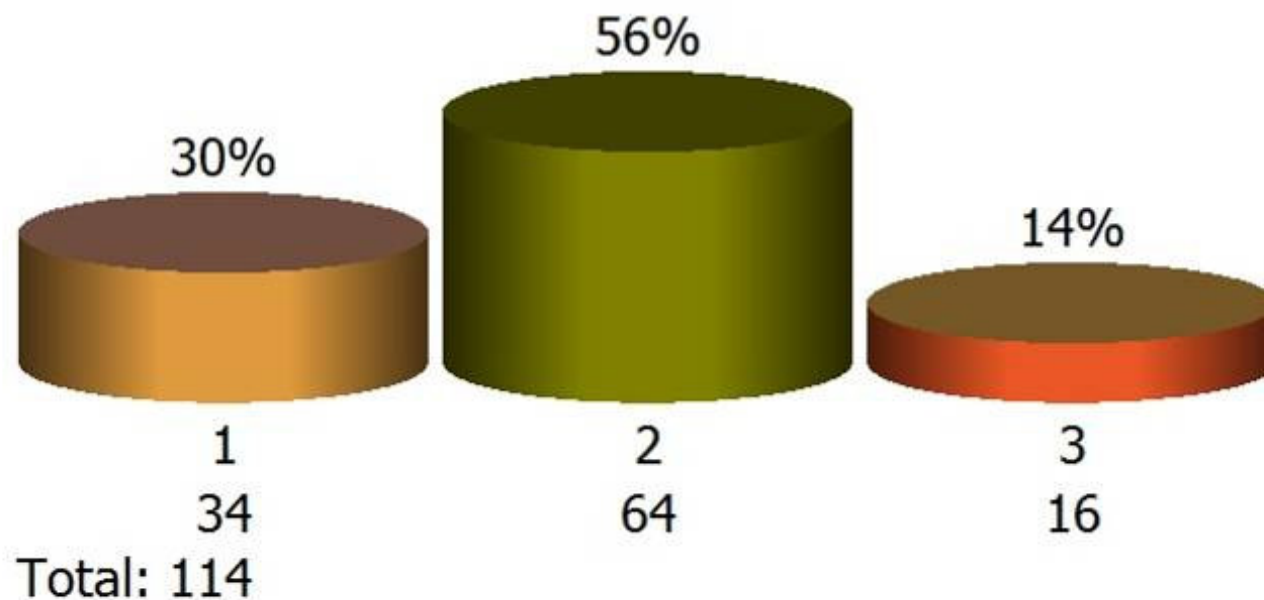


1. I would support narrowing criteria for civil commitment, but only if needed community services and resources were in place first.
2. I support narrowing criteria for civil commitment as a first step, with the belief that statutory change will motivate the state to create a more effective community-based, recovery-oriented service delivery system.
3. I would not support narrowing criteria for civil commitment under any circumstances.



Please indicate which of the following statements best represents your own view.

1. Teenagers (ages 13-17) should be able to make their own decisions about mental health care and should be treated against their will only if they meet the same civil commitment criteria as adults.
2. Teenagers should be able to *seek and receive* both inpatient and outpatient mental health services without their parents' knowledge or permission, but they should not be able to refuse treatment that their parents and treatment providers feel they need.
3. Teenagers are not yet mature enough to make decisions about their own mental health care, and parents, in collaboration with clinicians and other treatment providers, should be the final decision-makers regarding their treatment.

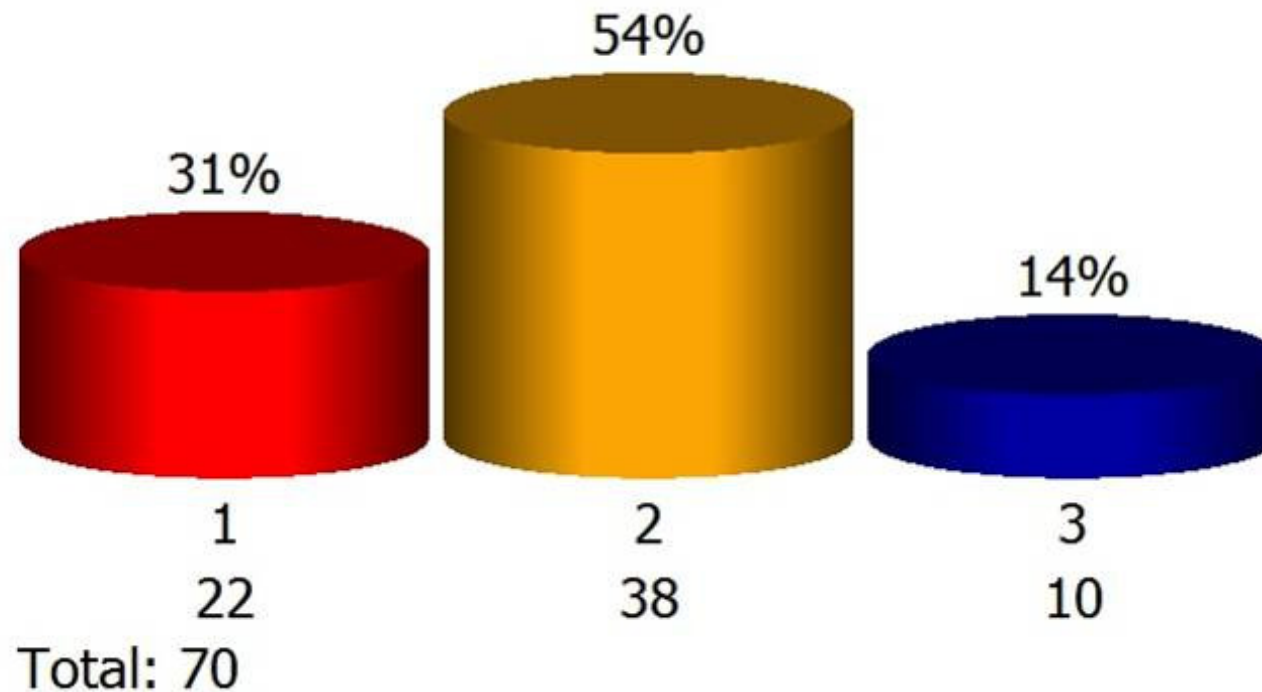


Medicaid Benefits Package

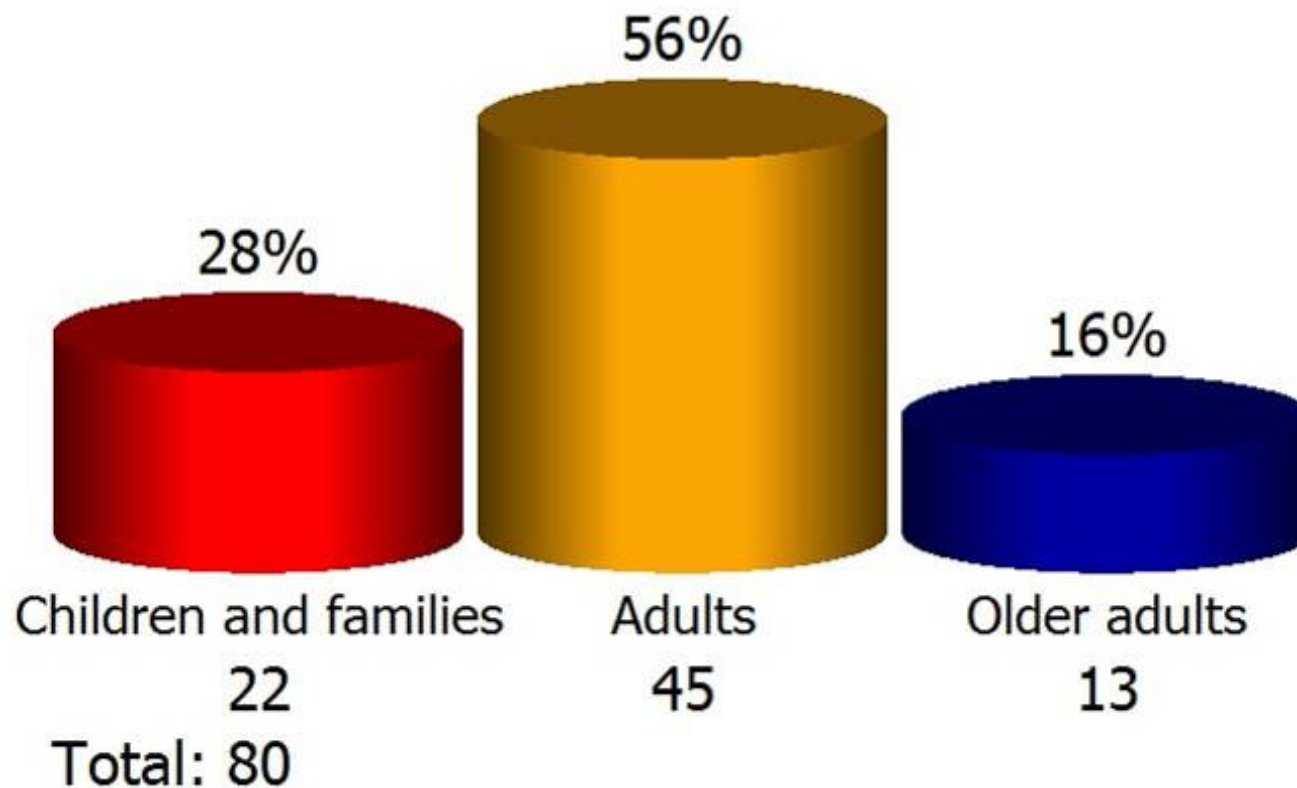
Andy Keller

Identify your primary focus for today:

1. Children and families
2. Adults
3. Older adults

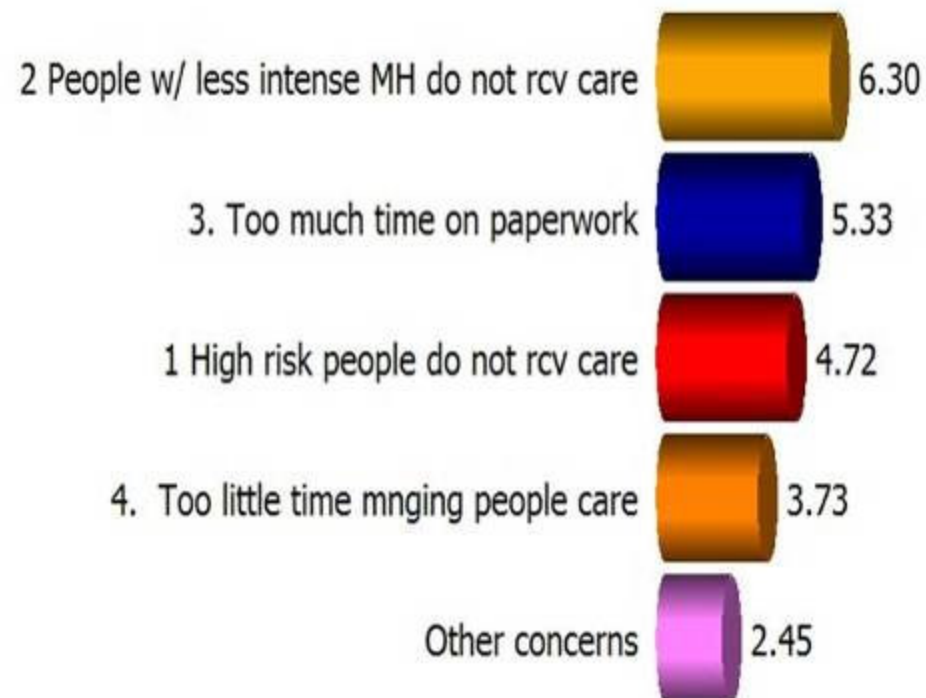


Identify your primary focus for today:



Do you share any of the following concerns about current ACS requirements

- 1: Currently, high-risk people in need do not receive care because of ACS functional requirements
- 2: Currently, many people with less intensive mental health needs do not receive care because of ACS functional requirements
- 3: Currently, RSNs and providers spend too much time and resources complying with paperwork for ACS requirements
- 4: Currently, RSNs and providers spend too little time and resources trying to manage the care of people with complicated needs
5. Other concerns

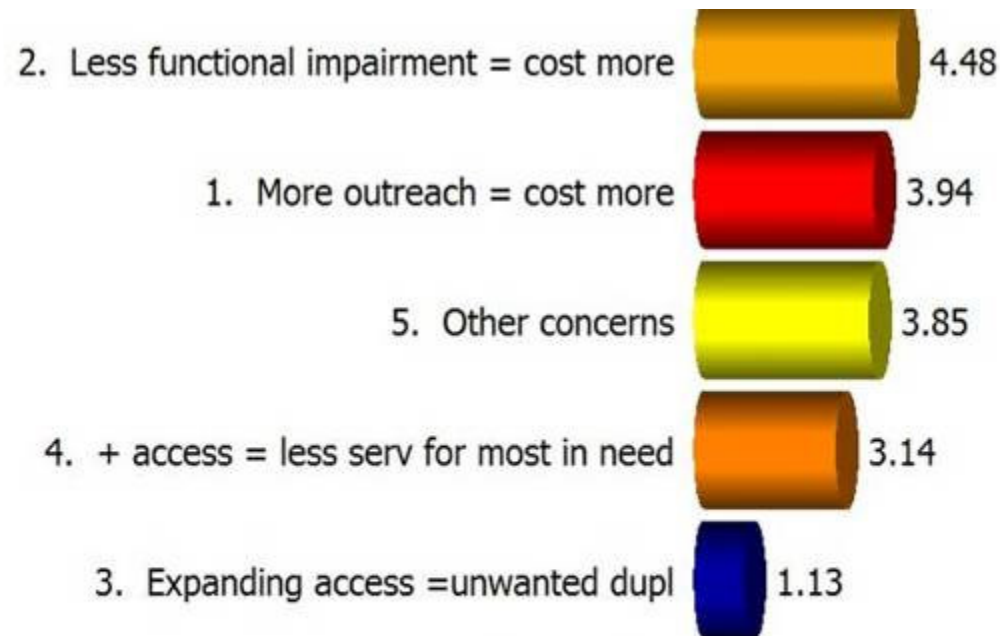


Medicaid ACS Concerns

What Concerns do You Have about Changing Medicaid ACS

Do you share any of the following concerns about changes to the ACS requirements

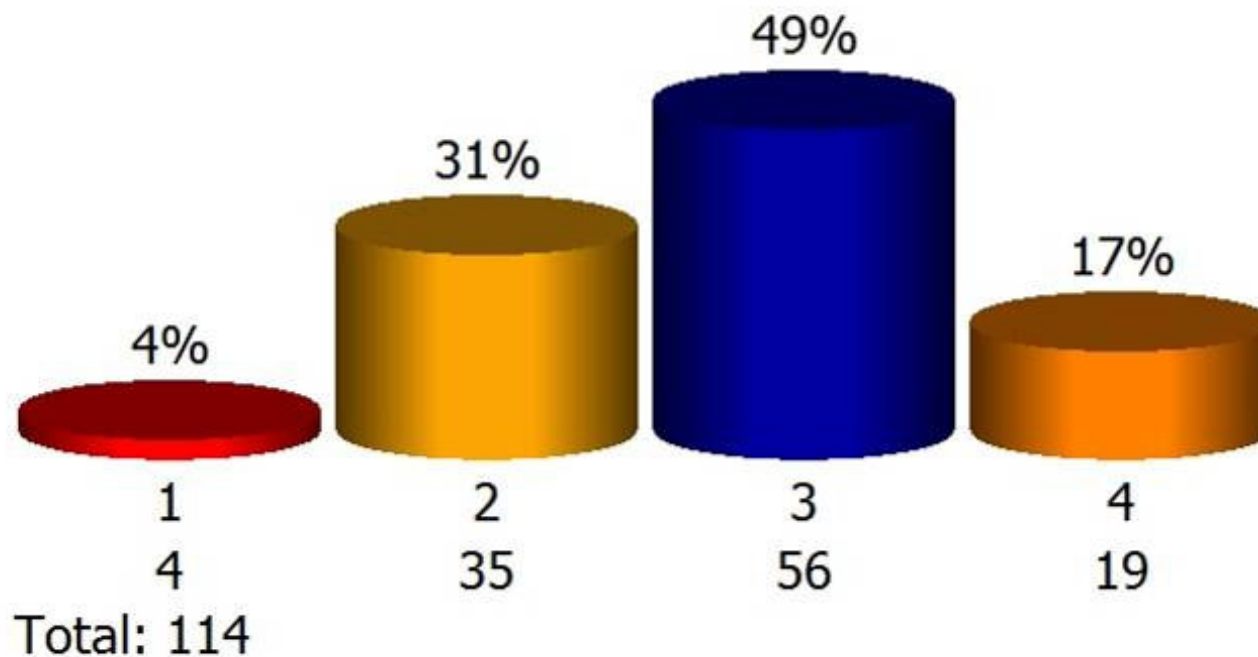
- 1: It will cost more money than the system currently has to provide more outreach to high-risk groups
- 2: It will cost too much additional money to provide mental health care through RSNs to people with a covered diagnosis, but less functional impairment
- 3: Expanding access to RSN services will create unwanted duplication with Healthy Options and FFS services
- 4: Expanding access to RSN services will dilute the ability of RSNs to serve those most in need
- 5: Other Concerns



Changing Medicaid ACS

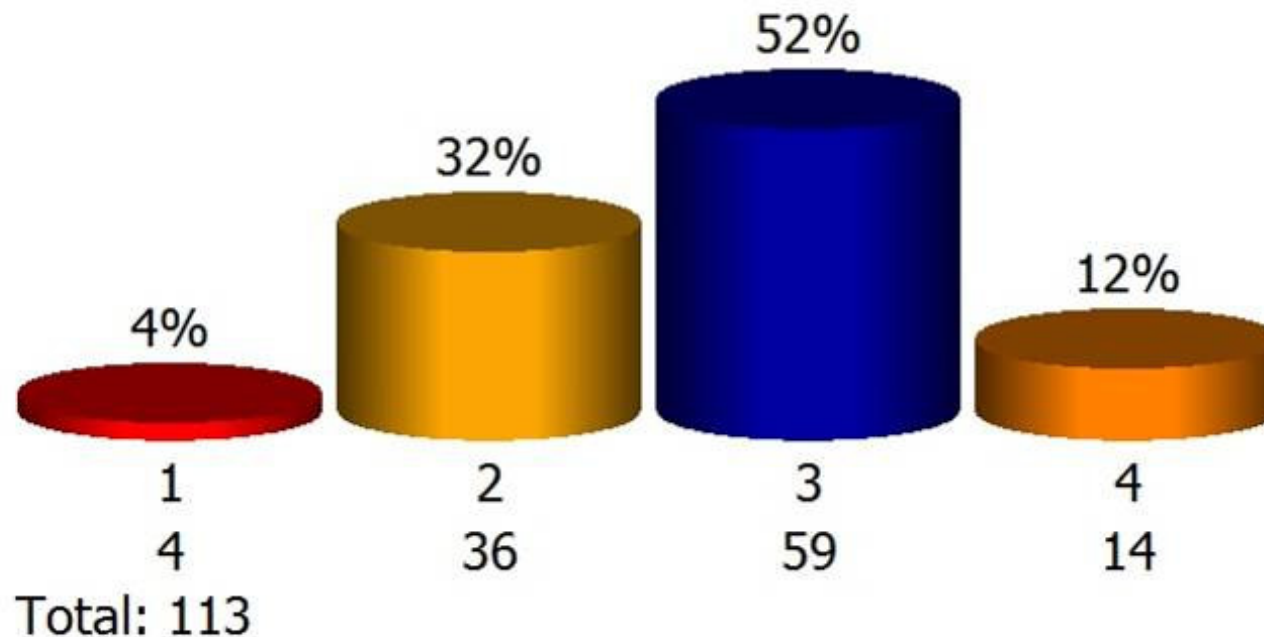
Which of the following statements best represents your view about potential changes in ACS implementation? (please choose only one)

- 1: Make no changes to the current Medicaid ACS
- 2: Change the criteria so that RSNs still serve only those most in need, but they are also able to outreach high-need cases
- 3: Change the requirements so that RSNs can serve all people with covered mental health diagnoses
- 4: No opinion – Not enough information provided to rate



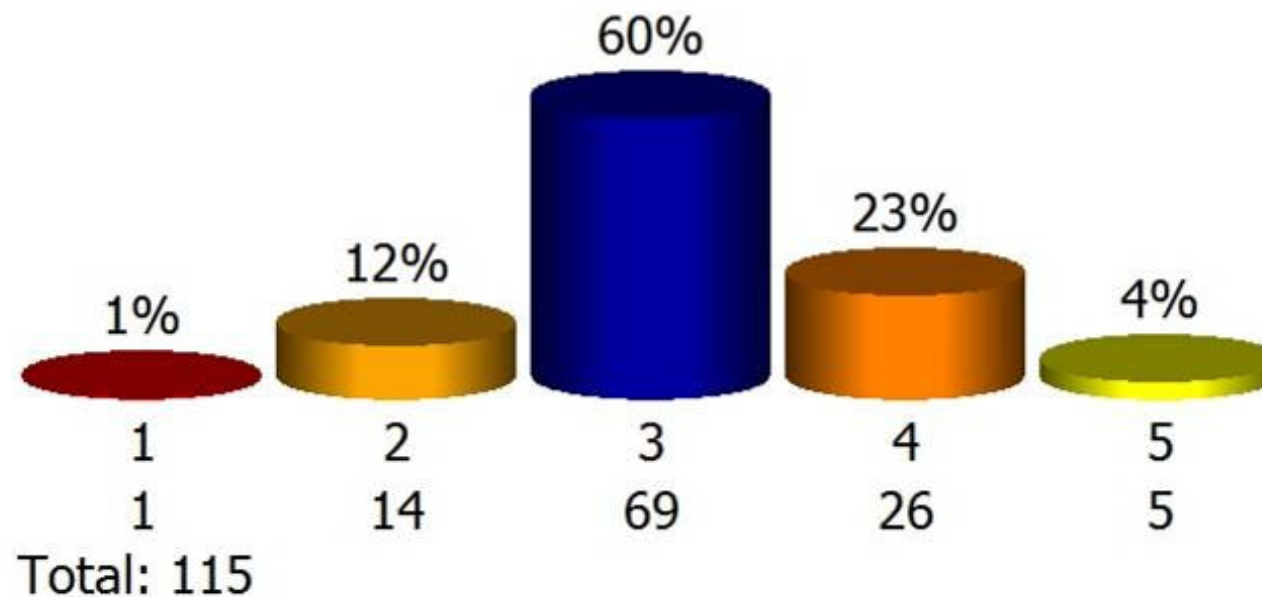
Which of the following statements best represents your view about potential changes in ACS implementation? (please choose only one)

- 1: Make no changes to the current Medicaid ACS
- 2: Change the criteria so that RSNs still serve only those most in need, but they are also able to outreach high-need cases
- 3: Change the requirements so that RSNs can serve all people with covered mental health diagnoses
- 4: No opinion – Not enough information provided to rate



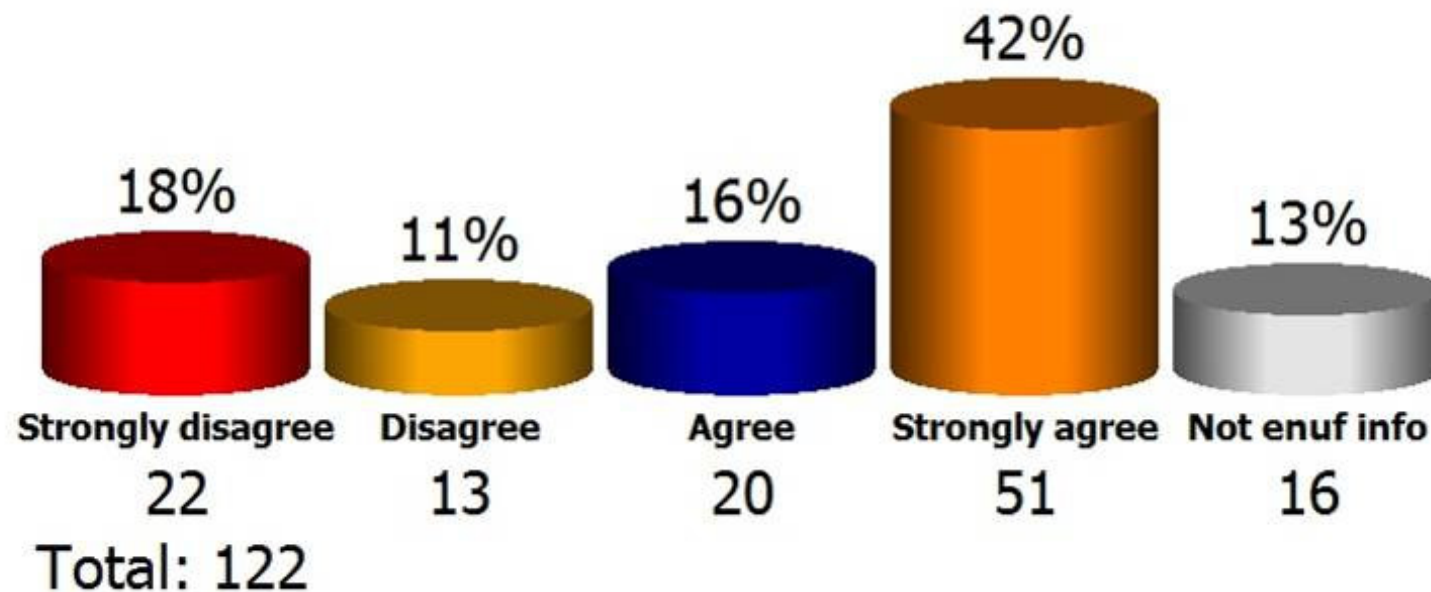
Which of the following statements best represents your view about how to promote Best Practices? (please choose only one)

- 1: Make no changes: Continue to let RSNs choose Best Practices and develop them within current funding levels
- 2: Prioritize three to five Best Practices for statewide implementation with new funds (adjusted rates, legislative appropriations)
- 3: Prioritize three to five Best Practices for statewide implementation with new funds (adjusted rates, legislative appropriations) and "Centers of Excellence"
- 4: Do not promote Best Practices; focus on broader access
- 5: No opinion – Not enough information provided to rate



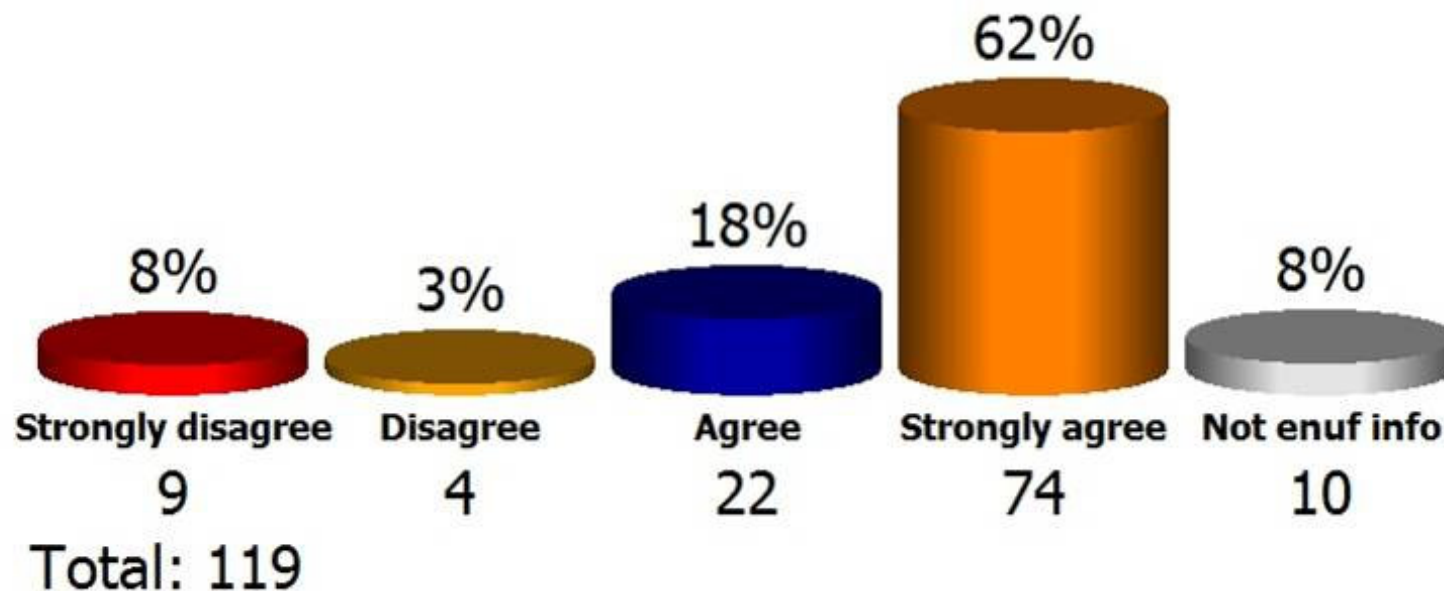
Do you agree or disagree with the following statement:

Services directly provided by consumer and family-run organizations
should be a top priority for statewide promotion by the MHD.



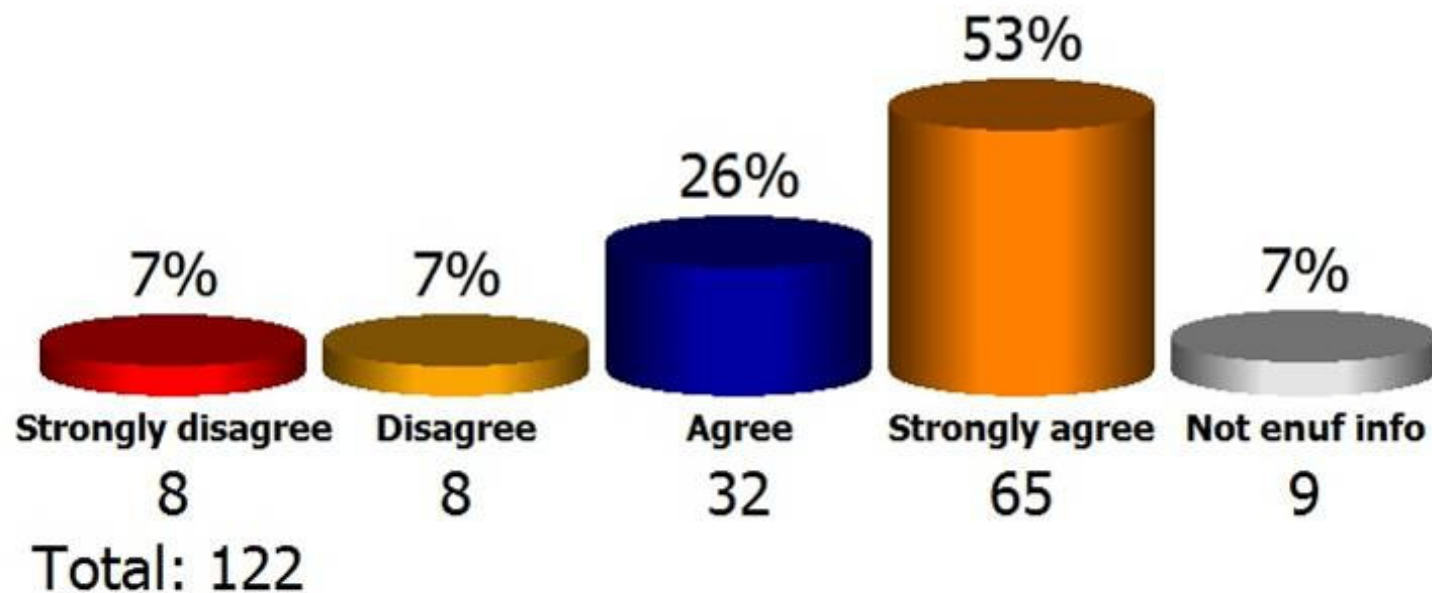
Do you agree or disagree with the following statement:

Integrated Dual Disorder Treatment
should be a top priority for statewide promotion by the MHD.



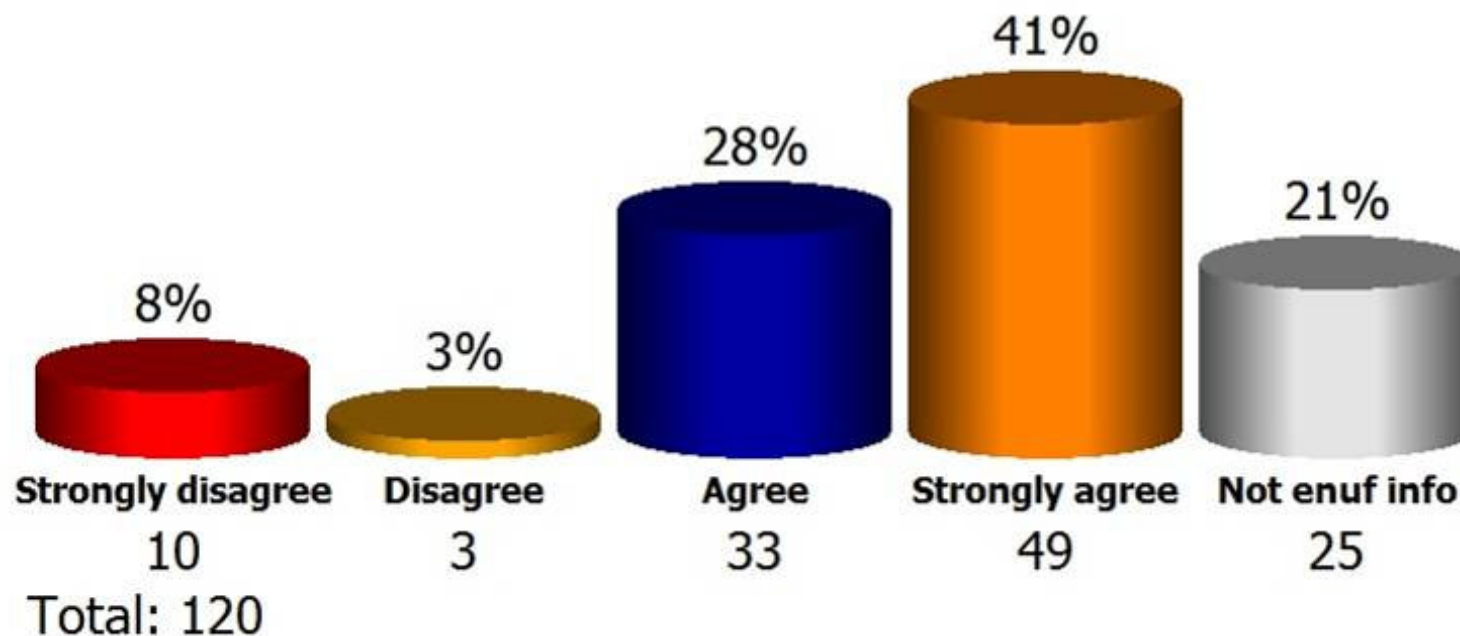
Do you agree or disagree with the following statement:

Collaborative Care in Primary Care Settings
should be a top priority for statewide promotion by the MHD.



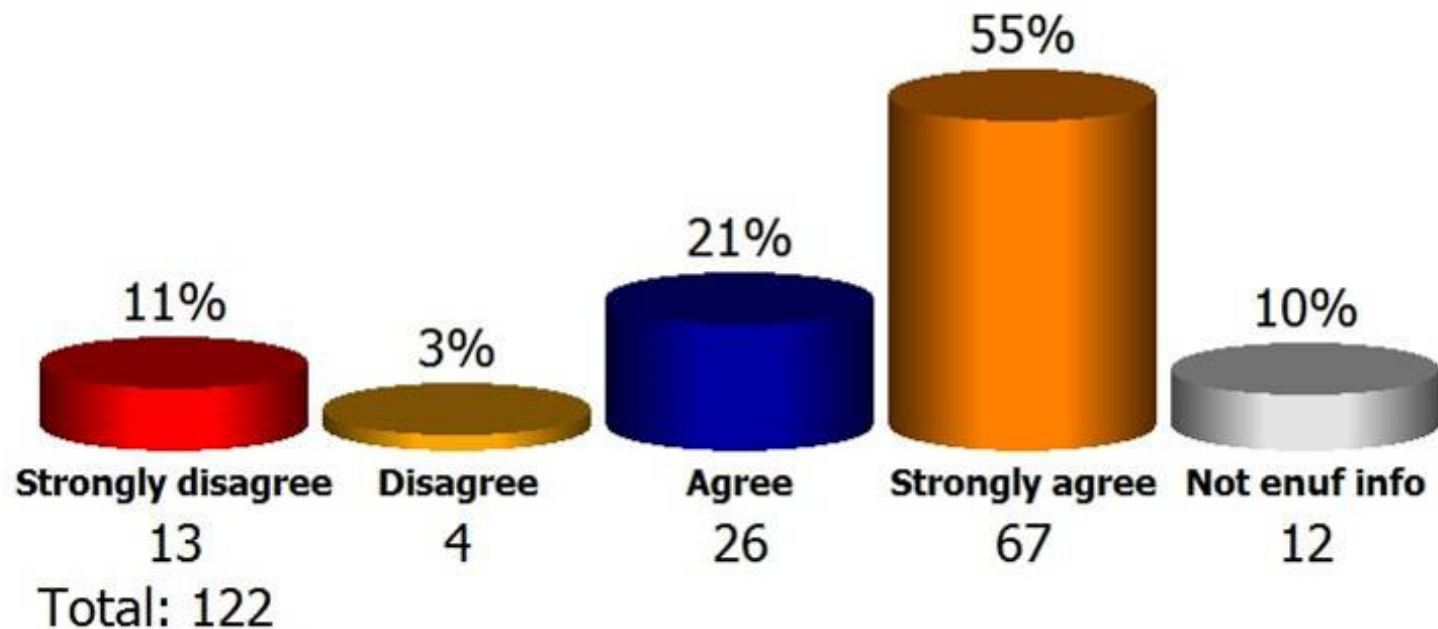
Do you agree or disagree with the following statement:

Multidimensional Treatment Foster Care
should be a top priority for statewide promotion by the MHD.



Do you agree or disagree with the following statement:

Wraparound Service Coordination
should be a top priority for statewide promotion by the MHD.



Given limited resources, how would you prioritize the following eight potential system changes for MHD

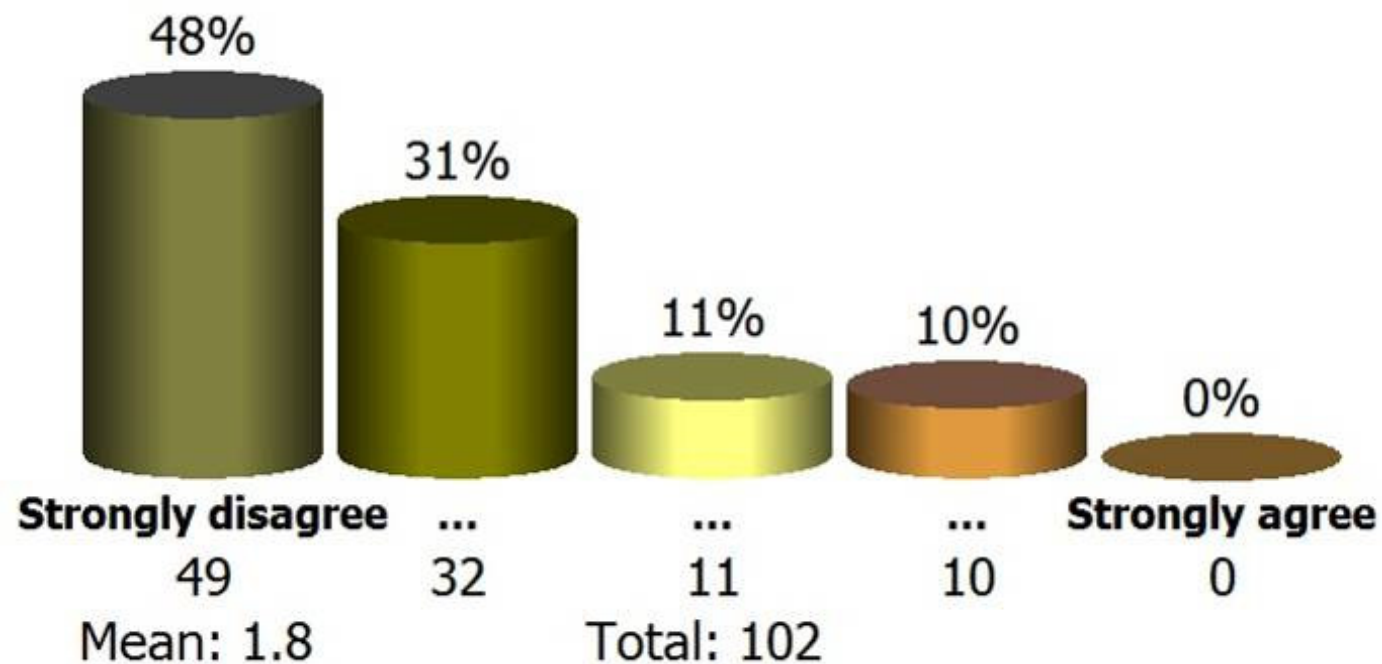
1. Develop access criteria to promote more outreach and earlier identification for high-risk populations
2. Statewide support for a broad-based culture that systematically examines multiple sources of evidence and supports best practices over time
3. Statewide support to implement Multidimensional Treatment Foster Care (MTFC)
4. Statewide support to implement Wraparound Planning (based on the NWI standards)
5. Statewide support to implement Integrated Dual Disorder Treatment (IDDT)
6. Statewide support to implement independent Consumer / Family Run Community Service Agencies
7. Statewide support to implement Collaborative Care in Primary Care Settings for Older Adults
8. Statewide support to implement a different practice from the list provided



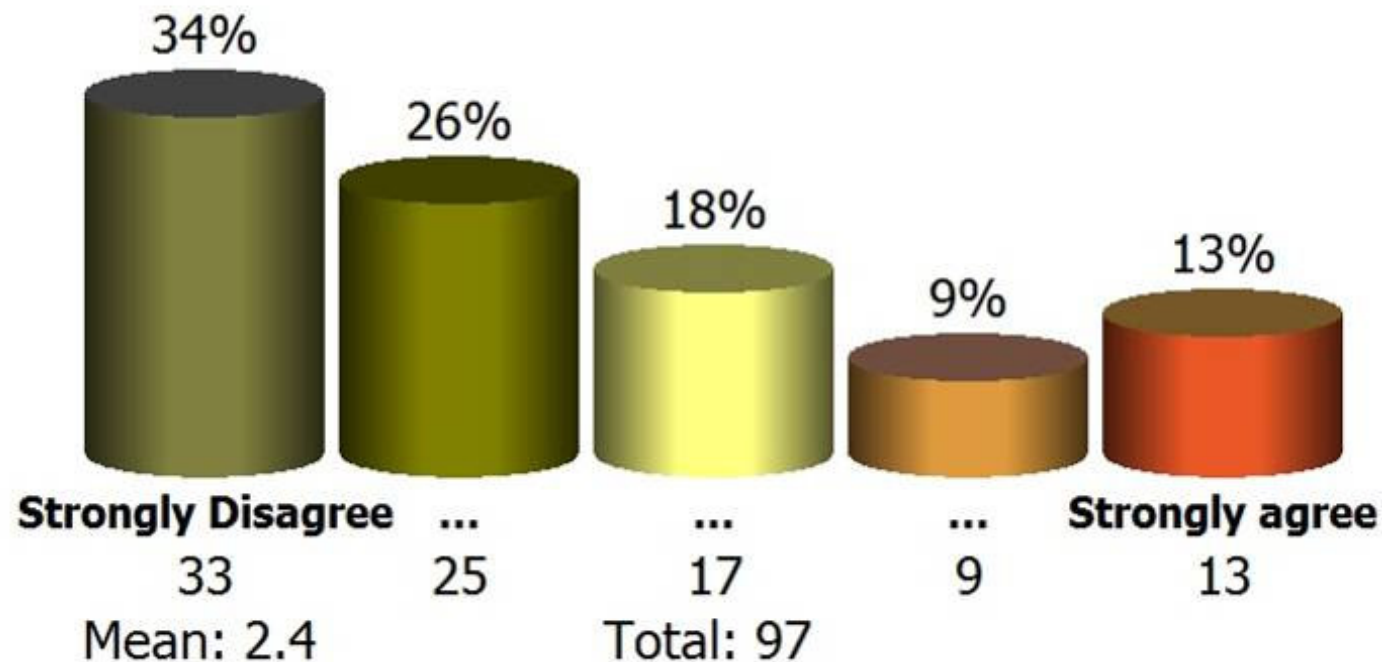
Housing Action Plan

Lynn Davison

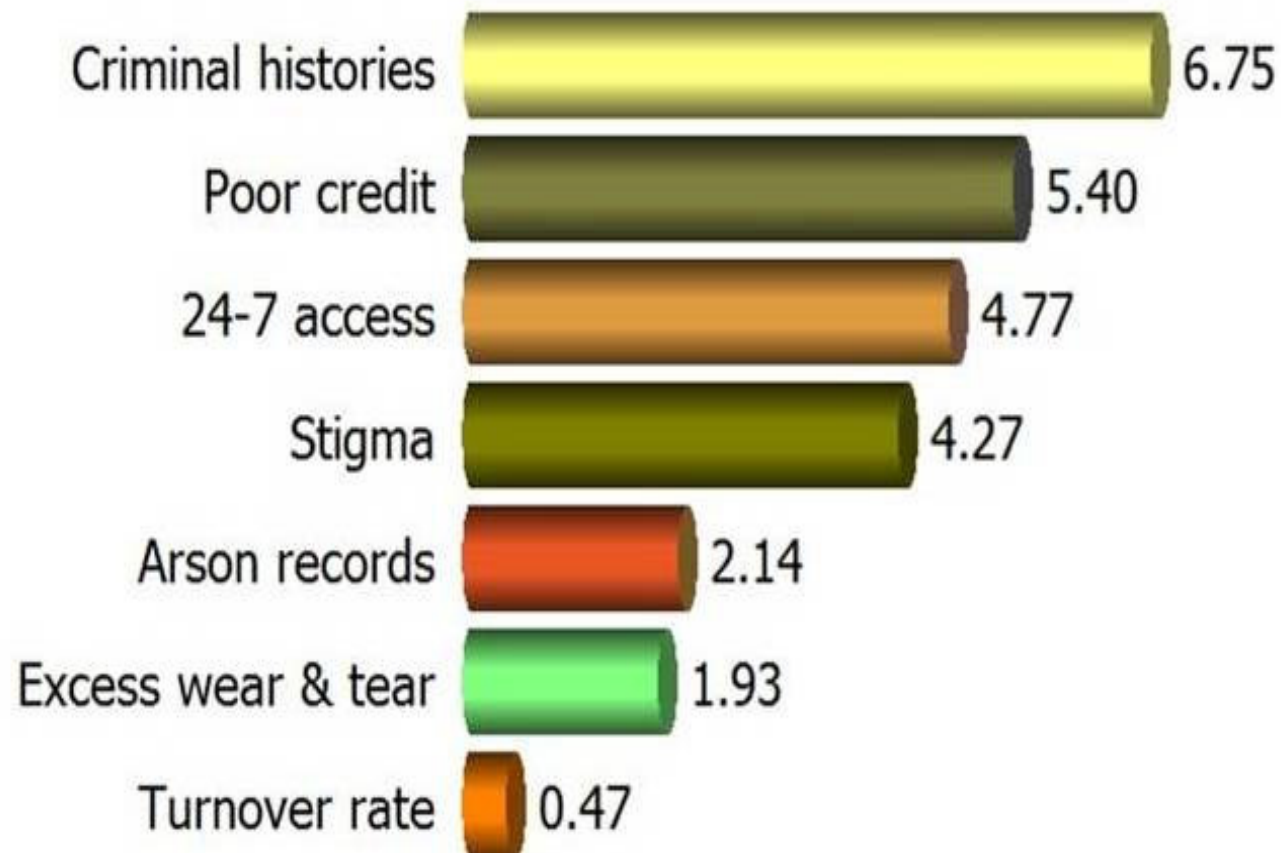
There are existing housing units available in your community that are suitable to meet the needs of people with mental illness.



With adequate rent subsidies available the existing housing units would be sufficient in my community.

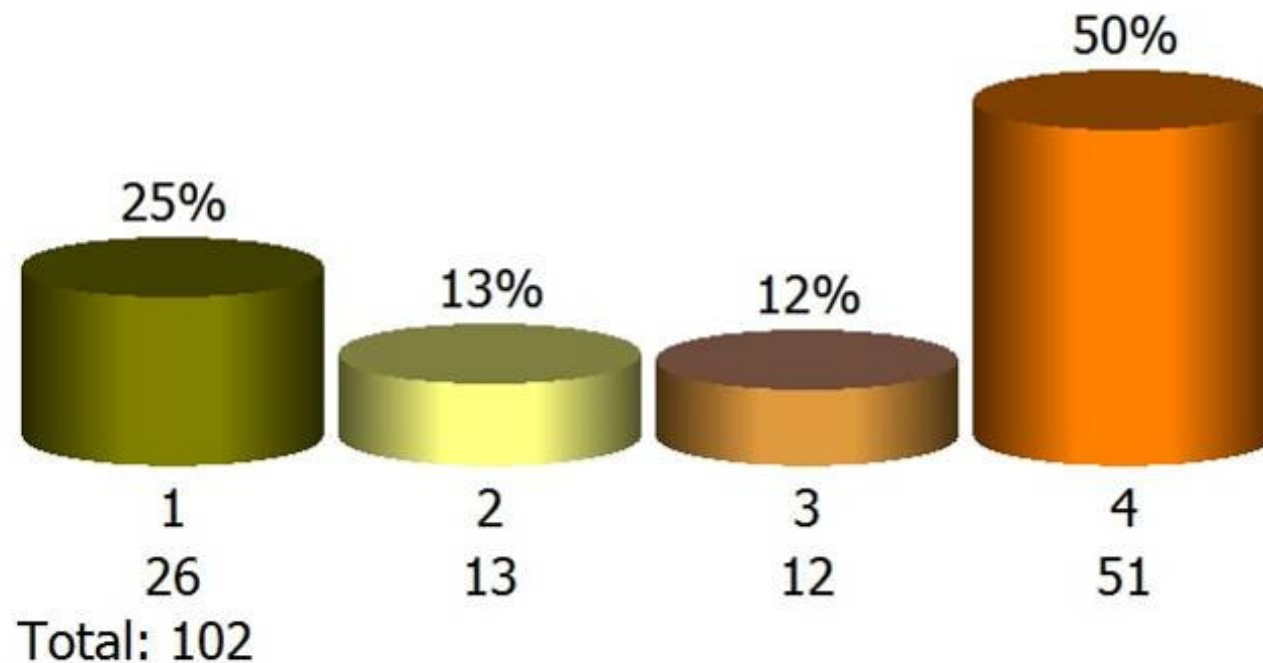


In addition to affordability, rank the following barriers for landlord renting to individuals with mental illness.

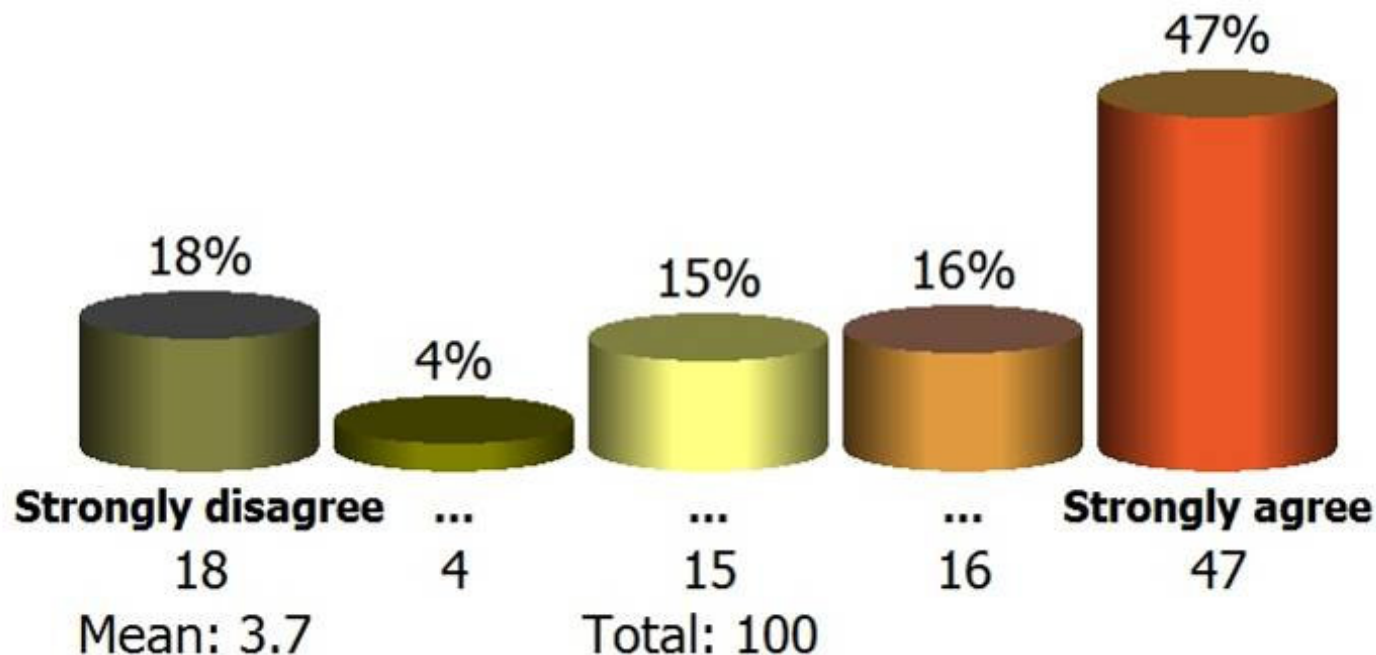


If the housing and rent subsidies were available, do mental health providers have enough resources in their RSN contacts to provide the supportive services called for in the PSH model? (average \$7500/year)

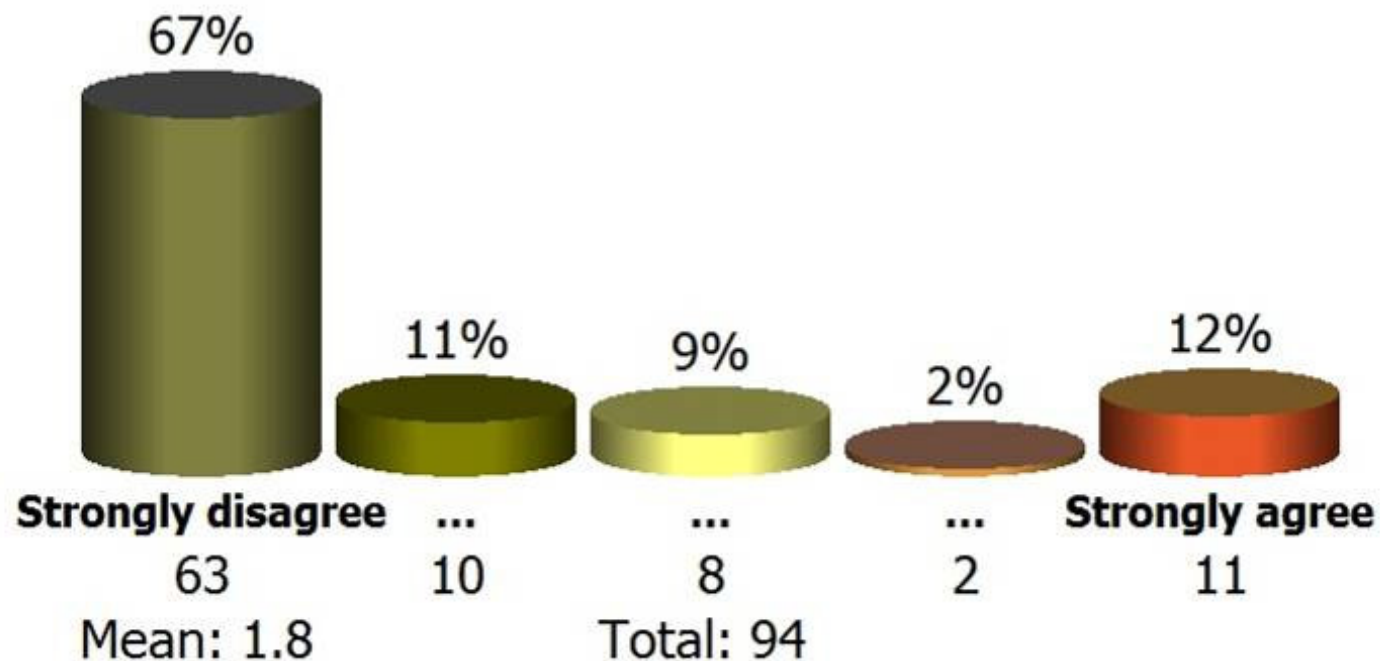
1. Yes, for the PACT clients and no for the rest
2. Yes for PACT clients and a limited number of others
3. Yes for PACT and a significant number of others
4. Not enough information



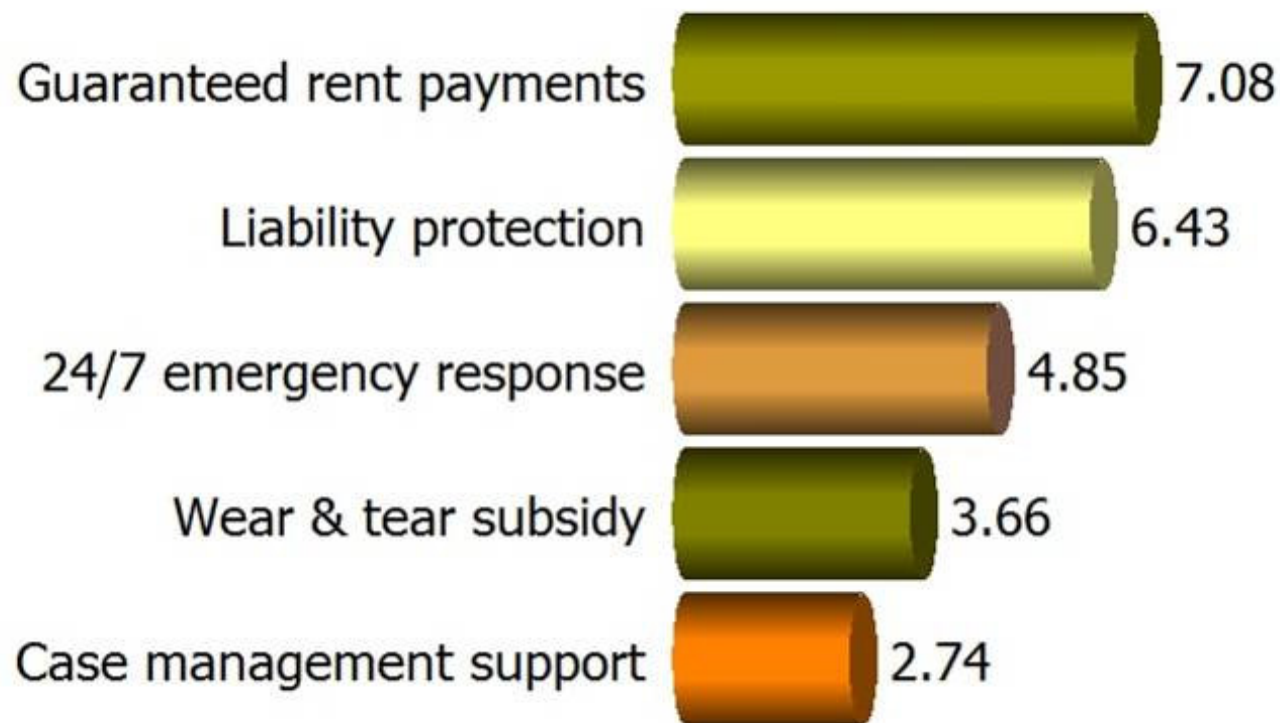
RSNs should include “low barrier, housing first” programs with few requirements (e.g., being able to drink in your apartment, housing not contingent on treatment compliance).



There are adequate numbers of affordable “low barrier, housing first” programs and beds for mental health consumers in my community.



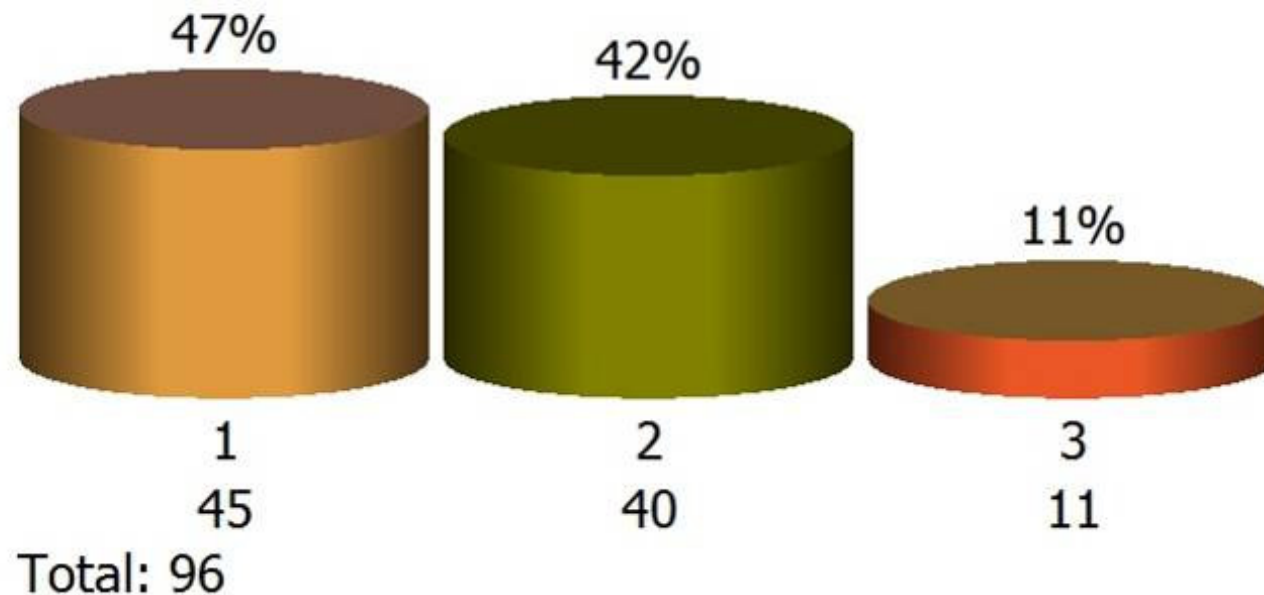
Rank the top three incentives that might encourage private landlords to rent to people with mental illness:



landlord Incentives

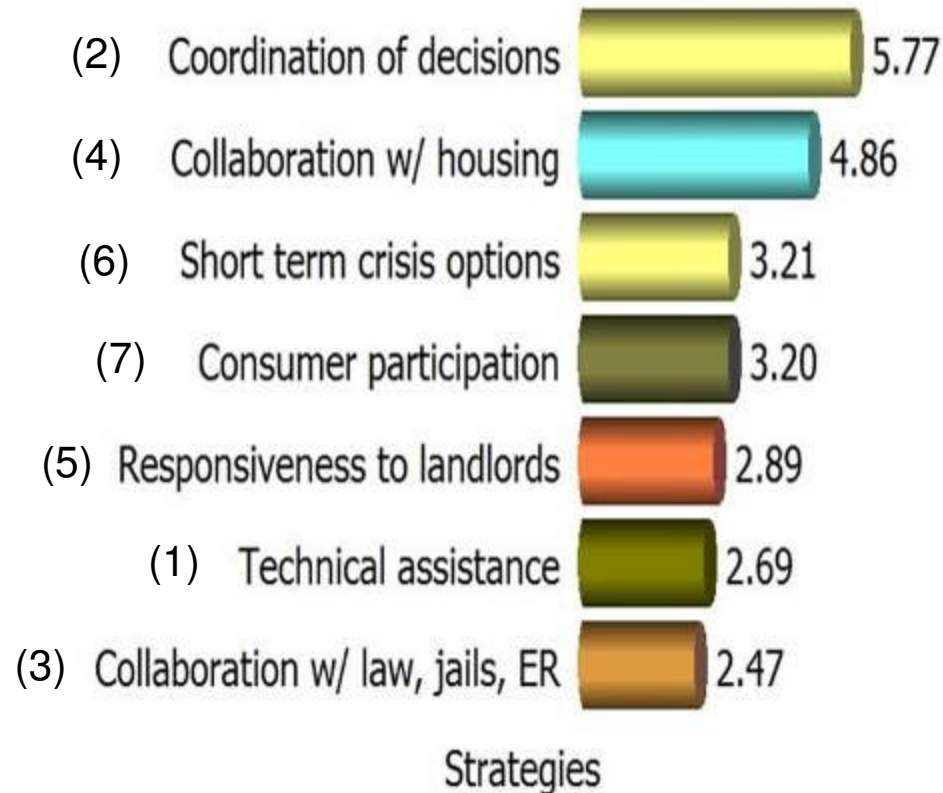
How comfortable are you with the goals, 760/5000, that meet 15% of the need by 2010 and 1600/1500 that meet another 30% = less than half of total need by 2015?

1. Too low / we will never meet the need at this rate
2. Reasonable / balance of what is ideal and what is achievable given all priorities
3. Too high / not realistic to achieve



To be successful, the MH Housing Action Plan requires new strategies and/or changes from current practice. Please rank the following strategies for achieving plan goals.

1. Ongoing technical assistance for RSN's and mental health providers
2. Closer coordination of policy and funding decisions among state agencies
3. Greater collaboration with law enforcement, jails and ER's
4. Greater collaboration with housing authorities and housing providers
5. Greater responsiveness to landlords
6. Short term crisis options while holding housing unit
7. Greater consumer participation in securing housing for themselves and others



Where should permanent supportive housing rank among RSN priorities for unmet needs:

